

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 28 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name HASKINS Montgomery

Full Address P.O. Box 611, Bay Springs MS 39422

Telephone 601-764 2700 (Fax) 601-359 9210

E-mail jcedde@hotmail.com

Office Sought Senate Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

This Period

Calendar
year-to-date

Total amount of contributions 91950.00 \$ 1950.00

Total amount of disbursements 645.00 \$ 645.00

Total amount of cash on hand \$ 4780.02

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Hahn W. Hahn
Signature of Candidate

1-29-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Haskins Montgomery
Reporting period Jan 1 through Dec. 31 2009

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------------------------------|--|
| Full name <u>Roch Companies Public Sector LLC</u> | | <u>12/12/09</u> | \$ |
| Mailing Address <u>450 Laurel Street, Suite 1420</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Baton Rouge, LA 70801</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Atty Ms Pol. Action Comm.</u> | | <u>11/30/09</u> | \$ |
| Mailing Address <u>175 E Capitol St Room 703</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Jackson MS 39201</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>200.00</u> |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Norfolk Southern Corporation</u> | | <u>11/30/09</u> | \$ |
| Mailing Address <u>Three Commercial Place</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Norfolk Va. 2370-2191</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Check Into Cash</u> | | <u>7/14/09</u> | \$ |
| Mailing Address <u>P.O. Box 850</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Cleveland TN 37364</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Hoskins Montzay

Reporting period _____ through _____

ITEMIZED RECEIPTS

| | | | |
|--|--|--------------------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Denbury</u> | | <u>11/12/09</u> | \$ |
| Mailing Address <u>5100 Tonnyson Parkway Suite 1200</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code <u>Plano, Tx 75024</u> | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Mailing Address _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Mailing Address _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Mailing Address _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| City, State, Zip Code _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Name of Employer (Required) _____ | | <u> </u> / <u> </u> / <u> </u> | \$ |
| Occupation (Required) _____ | | Aggregate year-to-date | \$ |

Name of Candidate or Committee

Hosken Monty

Reporting period

Jan 1

through

Dec 31 2009

ITEMIZED DISBURSEMENTS

| | | |
|------------------------------------|---------------------------|--|
| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Americus Concern Society | 4/9/09 | \$ |
| Mailing Address | | |
| P.O. Box 1907 | | \$ |
| City, State, Zip Code | | |
| Bay Springs, MS 39402 | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 250.00 |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |